

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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24		1				
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49						
50						
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						

CLAIMS	IND		DEP		IND		DEP		IND		DEP	
	51	52	53	54	55	56	57	58	59	60	61	62
51												
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99												
100												
<b>TOTAL IND.</b>												
<b>TOTAL DEP.</b>												
<b>TOTAL CLAIMS</b>												